

What kinds of problems are you having with Pre-Authorizations for diagnostic tests?

1. My problem is that consultants will send me a note saying that the patient needs a certain test, and I have a hard time determining whether they went ahead and ordered it or whether I am to order it. This isn't exactly a preauthorization problem, but similar.
2. The problem is time. We are not reimbursed for this component of our time. It gets in the way of taking care of patients and is just another justification for more bureaucracy.
3. Time! It takes time! Already, I have to run short staffed much of the time in order to keep overhead low, and pre-authorizations take a lot of time. Many times, my staff or I are placed on hold for over 30 minutes in order to get the yes or no on tests or medications! I only see the problem worsening in the next 4-8 years. Prior authorizations are the #1 reason for me to blow my top.
4. The consultant sends the patient back to me, knowing full well that the test will need a pre-authorization and they want me to spend the time battling to obtain the pre-authorization. No problems with getting the pre-authorizations.
5. The specialists never do this!!!! ;) OK. Perhaps it's time we gave everybody the economics about how primary care works. Can be the very simple formula..... ($G = \text{Gross take home pay} / N = \text{Number of patient in your practice panel}) / 12 = \text{Take Home reimbursement per patient in panel per month}$. Once docs start thinking about what they are doing in these terms they will forever change their tune about doing this sort of "free work". Today...had several wheel chair requests to fill out, 5-6 patients wanting letters, more patient call backs...largely for things they were told in great detail when they were in the clinic, 2 refill requests because patient had lost the script (no scheduled drugs...but still), over 50 refill requests for other medicine, 15 PA chart reviews, multiple "old record" reviews, requests by life insurance company on two patients who had "nicely" provided me a list of ICD-9 codes which their clients who were my patients were identified as having, multiple home health notes...most completely ridiculous, several 'surveys' by insurance companies and pharmacy clearing houses, over 25 referrals that patients were needing filled out. A few FMLA forms. A few work excuses and the list goes on. Several HH rep visits and other random requests for my time. Oh yeah...then I got to actually get 'paid' for seeing patients. Lucky for me I'm in socialized medicine so this does not affect me the way it used to. When did we allow it to get to this point? I have keenly observed that people come to not respect something which is given to them that they do not have to pay for. It is high time we started to move toward the panel management model and be done with this free give away care. The only people it is enriching are the free loaders and the insurance companies. I don't mind working but I am really getting tired of seeing all of us work for free. No one else does...neither should we.